

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hsp</i>		<i>9/17/60</i>
O.I.P.E. CLASSIFIER		<i>109-18-00</i>	
FORMALTY REVIEW			
RESPONSE FORMALTY REVIEW	<i>hls</i>	<i>70303</i>	<i>10-20</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 Allowed I Interference
 (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	First	Original	Date
1	✓	✓	10/15/60
2	✓	✓	10/15/60
3	✓	✓	10/15/60
4	✓	✓	10/15/60
5	✓	✓	10/15/60
6	✓	✓	10/15/60
7	✓	✓	10/15/60
8	✓	✓	10/15/60
9	✓	✓	10/15/60
10	✓	✓	10/15/60
11	✓	✓	10/15/60
12	✓	✓	10/15/60
13	✓	✓	10/15/60
14	✓	✓	10/15/60
15	✓	✓	10/15/60
16	✓	✓	10/15/60
17	✓	✓	10/15/60
18	✓	✓	10/15/60
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28	✓	✓	10/15/60
29	✓	✓	10/15/60
30	✓	✓	10/15/60
31	✓	✓	10/15/60
32	✓	✓	10/15/60
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43	✓	✓	10/15/60
44	✓	✓	10/15/60
45	✓	✓	10/15/60
46	✓	✓	10/15/60
47	✓	✓	10/15/60
48	✓	✓	10/15/60
49	✓	✓	10/15/60
50	✓	✓	10/15/60

Claim	First	Original	Date
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Claim	First	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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